



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D5149-1TRN**  
**Job Sheet 200431**



**Part No:** D5149-1TRN

**Job Qty:** 6 pcs

**Part Name:** Fwd Step Base Turning Detail



**Part Weight:** 0 lbs

**Status:** New

**Priority:** Medium

**Job Created:** 9/11/19

**Job Tracking No:**

**Due Date:** 10/9/19

**Created By:** Marie Lajeunesse

**Type:** Stock

**Description:**

**Note:** DWG REV D SHEET 9 IPP REV:A NEW ISSUE 14-12-08 JLM VERIFIED BY:DD

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation  | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |            |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 100   | Doosan - 1 | 6 pcs | 10/9/19    | 10/9/19  | 1.00      | 3.92    | Doosan - 1            |           | 10/09/19 |
| 110   | QC 2       | 6 pcs | 10/9/19    | 10/9/19  | 0.00      | 0.00    | QC 2 - 1              |           |          |
|       |            |       |            |          |           |         | QC 2 - 12             |           |          |
|       |            |       |            |          |           |         | QC 2 - 14             |           |          |
|       |            |       |            |          |           |         | QC 2 - 17             |           |          |
|       |            |       |            |          |           |         | QC 2 - 19             |           |          |
|       |            |       |            |          |           |         | QC 2 - 2              |           |          |
|       |            |       |            |          |           |         | QC 2 - 20             |           |          |
|       |            |       |            |          |           |         | QC 2 - 22             |           |          |
|       |            |       |            |          |           |         | QC 2 - 23             |           |          |
|       |            |       |            |          |           |         | QC 2 - 25             |           |          |
|       |            |       |            |          |           |         | QC 2 - 32             |           |          |
|       |            |       |            |          |           |         | QC 2 - 33             |           |          |
|       |            |       |            |          |           |         | QC 2 - 35             |           |          |
|       |            |       |            |          |           |         | QC 2 - 39             |           |          |
|       |            |       |            |          |           |         | QC 2 - 4              |           |          |
|       |            |       |            |          |           |         | QC 2 - 40             |           |          |
|       |            |       |            |          |           |         | QC 2 - 44             |           |          |
|       |            |       |            |          |           |         | QC 2 - 45             |           |          |
|       |            |       |            |          |           |         | QC 2 - 48             |           |          |
|       |            |       |            |          |           |         | QC 2 - 49             |           |          |
|       |            |       |            |          |           |         | QC 2 - 50             |           |          |
|       |            |       |            |          |           |         | QC 2 - 51             |           |          |
|       |            |       |            |          |           |         | QC 2 - 52             |           |          |
|       |            |       |            |          |           |         | QC 2 - 57             |           |          |
|       |            |       |            |          |           |         | QC 2 - 62             |           |          |
|       |            |       |            |          |           |         | QC 2 - 63             |           |          |
|       |            |       |            |          |           |         | QC 2 - 8              |           |          |
|       |            |       |            |          |           |         | QC 2 - 66             |           |          |
|       |            |       |            |          |           |         | QC 2 - 64             |           |          |
|       |            |       |            |          |           |         | QC 2 - 65             |           | 10/09/19 |

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|     |                             |       |         |           |                        |             |
|-----|-----------------------------|-------|---------|-----------|------------------------|-------------|
| 120 | QC 8                        | 6 pcs | 10/9/19 | 0.00 0.00 | QC 2 - 5               |             |
|     |                             |       |         |           | QC 2 - 71              |             |
|     |                             |       |         |           | QC 2 - 73              |             |
|     |                             |       |         |           | QC 2 - 69              |             |
|     |                             |       |         |           | QC 8 - 12              |             |
|     |                             |       |         |           | QC 8 - 14              |             |
|     |                             |       |         |           | QC 8 - 17              |             |
|     |                             |       |         |           | QC 8 - 20              |             |
|     |                             |       |         |           | QC 8 - 25              |             |
|     |                             |       |         |           | QC 8 - 3               |             |
|     |                             |       |         |           | QC 8 - 32              |             |
|     |                             |       |         |           | QC 8 - 33              |             |
|     |                             |       |         |           | QC 8 - 35              |             |
|     |                             |       |         |           | QC 8 - 39              |             |
|     |                             |       |         |           | QC 8 - 4               |             |
|     |                             |       |         |           | QC 8 - 44              |             |
|     |                             |       |         |           | QC 8 - 45              |             |
|     |                             |       |         |           | QC 8 - 49              |             |
|     |                             |       |         |           | QC 8 - 58              |             |
|     |                             |       |         |           | QC 8 - 8               |             |
|     |                             |       |         |           | QC 8 - 9               |             |
|     |                             |       |         |           | QC 8 - 68              |             |
|     |                             |       |         |           | QC 8 - 67              |             |
|     |                             |       |         |           | QC 8 - 1 (A)           |             |
|     |                             |       |         |           | QC 8 - 47              |             |
|     |                             |       |         |           | QC 8 - 40              |             |
|     |                             |       |         |           | QC 8 - 52              |             |
|     |                             |       |         |           | QC 8 - 23              | 14/19/8/21  |
|     |                             |       |         |           | QC 8 - 57              |             |
|     |                             |       |         |           | QC 8 - 76              |             |
| 130 | Packaging 3-1 - Stock - B4B | 6 pcs | 10/9/19 | 0.00 0.00 | Packaging 3 - 1 - B4B  |             |
|     |                             |       |         |           | Packaging 3 - 2 - B4B  |             |
|     |                             |       |         |           | Packaging 3 - 3 - B4B  |             |
|     |                             |       |         |           | Packaging 3 - 4 - B4B  |             |
|     |                             |       |         |           | Packaging 3 - 5 - B4B  |             |
|     |                             |       |         |           | Packaging 3 - 6 - B4B  |             |
|     |                             |       |         |           | Packaging 3 - 7 - B4B  |             |
|     |                             |       |         |           | Packaging 3 - 8 - B4B  |             |
|     |                             |       |         |           | Packaging 3 - 9 - B4B  |             |
|     |                             |       |         |           | Packaging 3 - 10 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 11 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 12 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 13 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 14 - B4B | 24/9/10/130 |
|     |                             |       |         |           | Packaging 3 - 15 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 16 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 17 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 18 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 19 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 20 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 21 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 22 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 23 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 24 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 25 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 26 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 27 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 28 - B4B |             |
|     |                             |       |         |           | Packaging 3 - 29 - B4B |             |

|     |            |       |         |           |                        |      |
|-----|------------|-------|---------|-----------|------------------------|------|
|     |            |       |         |           | Packaging 3 - 30 - B4B |      |
|     |            |       |         |           | Packaging 3 - 31 - B4B |      |
|     |            |       |         |           | Packaging 3 - 32 - B4B |      |
|     |            |       |         |           | Packaging 3 - 33 - B4B |      |
|     |            |       |         |           | Packaging 3 - 34 - B4B |      |
|     |            |       |         |           | Packaging 3 - 35 - B4B |      |
|     |            |       |         |           | Packaging 3 - 36 - B4B |      |
| 140 | QC 21 - SA | 6 pcs | 10/9/19 | 0.00 0.00 | QC 21 - SA - 21        | Das  |
|     |            |       |         |           | QC 21 - SA - 70        | 21   |
|     |            |       |         |           | QC 21 - SA - 53        | 9-89 |

Part Op 100 - Doosan Lathe - Turn blank as per Folio FB355  
 Descriptions: 110 - QC2- Inspect parts off machine FAI/FAIB  
 120 - QC8- Inspect parts - second check  
 130 - Identify as per dwg & Stock Location: \_\_\_\_\_ LOCATION: MAT060  
 140 - QC21- Final Inspection - Work Order Release

SEP 30 2019

## Job BOM

| Part / Item   | Component Name           | Quantity            | Operation      | Container |
|---------------|--------------------------|---------------------|----------------|-----------|
| M6061T6R3.000 | 6061-T6 Round Bar 3.000" | 2.4960 ft (.416 ea) | 100-Doosan - 1 | 5203740   |

## Job Allocations

| Operation      | Component Part | Required | Inventory | Allocated |
|----------------|----------------|----------|-----------|-----------|
| 100-Doosan - 1 | M6061T6R3.000  | 2        | 5         | 0         |

## Part Specifications

| Spec No | Description   | Target/Tolerance               | Limits         | Type   | Special Comments |
|---------|---------------|--------------------------------|----------------|--------|------------------|
| 1       | Fwd Step Base | 2.824Inches + 0.012<br>- 0.001 | 2.836<br>2.823 |        |                  |
| 2       | Fwd Step Base | 2.453Inches + 0.012<br>- 0.001 | 2.465<br>2.452 |        |                  |
| 3       | Fwd Step Base | 0.032Inches ± 0.010            | 0.042<br>0.022 | Radius |                  |
| 4       | Fwd Step Base | 0.060Inches ± 0.010            | 0.070<br>0.050 |        |                  |
| 5       | Fwd Step Base | 0.060Inches ± 0.030            | 0.090<br>0.030 |        |                  |
| 6       | Fwd Step Base | 0.875Inches ± 0.010            | 0.885<br>0.865 |        |                  |
| 7       | Fwd Step Base | 3.190Inches ± 0.030            | 3.220<br>3.160 |        |                  |
| 8       | Fwd Step Base | 4.000Inches ± 0.030            | 4.030<br>3.970 |        |                  |

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Entered: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                               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| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br>Skid-tube <input type="checkbox"/> Cross tube <input type="checkbox"/><br>Machining <input type="checkbox"/> Small Fab <input type="checkbox"/><br>Large Fab <input type="checkbox"/> Finishing <input type="checkbox"/><br><br>Eng. (Non-AW) <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br><br>Engineering <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Quality <input type="checkbox"/> | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sequence #: _____        | MRB (QS1042) _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                          |                              |                          |               |                          |            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                   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    |                          |                    |                          |                 |                          |                |                          |                                                                                                                                                                                                                                                  |  |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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            |                          |                 |                          |                |                          |                                                                                                                                                                                                                                                  |  |  |
| <b>Root Cause</b><br><br>Operator <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Preservation <input type="checkbox"/><br>Material <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Human Factors <input type="checkbox"/>                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>FAULT CATEGORY</b><br><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <table style="width:100%; border-collapse: collapse;"> <tr><td>Pressure/Forced</td><td><input type="checkbox"/></td></tr> <tr><td>Bending</td><td><input type="checkbox"/></td></tr> <tr><td>Crushing</td><td><input type="checkbox"/></td></tr> <tr><td>Cracks</td><td><input type="checkbox"/></td></tr> <tr><td>Crimp/Kink/Ripple/Wave/Twist</td><td><input type="checkbox"/></td></tr> <tr><td>Marks/Chatter</td><td><input type="checkbox"/></td></tr> <tr><td>Mislabeled</td><td><input type="checkbox"/></td></tr> </table> </td> <td style="width:33%; vertical-align: top;"> <table style="width:100%; border-collapse: collapse;"> <tr><td>Contamination</td><td><input type="checkbox"/></td></tr> <tr><td>Misaligned/off center</td><td><input type="checkbox"/></td></tr> <tr><td>BOM/Route</td><td><input type="checkbox"/></td></tr> <tr><td>Broken/Damage/Defect</td><td><input type="checkbox"/></td></tr> <tr><td>Incomplete/Unclear Instructions</td><td><input type="checkbox"/></td></tr> <tr><td>Drill Holes</td><td><input type="checkbox"/></td></tr> <tr><td>Fit/Function</td><td><input type="checkbox"/></td></tr> </table> </td> <td style="width:33%; 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| <table style="width:100%; border-collapse: collapse;"> <tr><td>Pressure/Forced</td><td><input type="checkbox"/></td></tr> <tr><td>Bending</td><td><input type="checkbox"/></td></tr> <tr><td>Crushing</td><td><input type="checkbox"/></td></tr> <tr><td>Cracks</td><td><input type="checkbox"/></td></tr> <tr><td>Crimp/Kink/Ripple/Wave/Twist</td><td><input type="checkbox"/></td></tr> <tr><td>Marks/Chatter</td><td><input type="checkbox"/></td></tr> <tr><td>Mislabeled</td><td><input type="checkbox"/></td></tr> </table> | Pressure/Forced                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | Crushing           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Cracks          | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | <table style="width:100%; border-collapse: collapse;"> <tr><td>Contamination</td><td><input type="checkbox"/></td></tr> <tr><td>Misaligned/off center</td><td><input type="checkbox"/></td></tr> <tr><td>BOM/Route</td><td><input type="checkbox"/></td></tr> <tr><td>Broken/Damage/Defect</td><td><input type="checkbox"/></td></tr> <tr><td>Incomplete/Unclear Instructions</td><td><input type="checkbox"/></td></tr> <tr><td>Drill Holes</td><td><input type="checkbox"/></td></tr> <tr><td>Fit/Function</td><td><input type="checkbox"/></td></tr> </table> | Contamination            | <input type="checkbox"/> | Misaligned/off center    | <input type="checkbox"/> | BOM/Route                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Broken/Damage/Defect | <input type="checkbox"/> | Incomplete/Unclear Instructions | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Fit/Function         | <input type="checkbox"/> | <table style="width:100%; 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| Pressure/Forced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Contamination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| BOM/Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Broken/Damage/Defect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Incomplete/Unclear Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Drill Holes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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| Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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            |                          |                 |                          |                |                          |                                                                                                                                                                                                                                                  |  |  |
| Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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            |                          |                 |                          |                |                          |                                                                                                                                                                                                                                                  |  |  |
| Off-set/Set-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               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            |                          |                 |                          |                |                          |                                                                                                                                                                                                                                                  |  |  |
| Positioned Wrong <input type="checkbox"/><br>Outside Tolerance <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Misread <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                               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            |                          |                 |                          |                |                          |                                                                                                                                                                                                                                                  |  |  |
| <b>Completed By</b><br><br>Lead hand / Supervisor _____<br><br>QC / QA Coordinator _____                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                               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Other/Details: